

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2489AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2009
NAME OF PROVIDER OR SUPPLIER CHANCELLOR GARDENS OF THE LAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 LAKE SAHARA DRIVE LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 4/30/09 to 5/8/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 150 Residential Facility for Group beds which 120 beds for elderly and disabled persons, chronic illnesses, and mental illnesses and 30 beds which provides care to persons with Alzheimer's Category II residents. Complaint #NV00021533 were substantiated. See Tags Y050 and Y620.	Y 000		
Y 050 SS=J	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	Continued From page 1 This Regulation is not met as evidenced by: Based on interview and record review from 4/30/09 to 5/8/09, the administrator failed to provide oversight and direction to the staff to ensure 1 of 1 residents receive the needed services they required (Resident #1). Findings include: The administrator failed to ensure staff followed criteria for resident admission by allowing a bedfast resident (Resident #1) with a decubitus ulcer to be admitted. See Tag 620. In addition, the resident did not receive the appropriate care for her condition during the 13 days she resided in the facility. Her decubitus ulcer increased in severity and she developed other ulcers due to the lack of appropriate care. As a result, the resident required hospitalization. Severity: 4 Scope: 1	Y 050			
Y 620 SS=J	449.2702(4)(a) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast.	Y 620			

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Y 620	<p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Based on record review and interview from 4/30/09 to 5/8/09, the facility admitted a bedfast resident with a decubitus ulcer and failed to ensure the resident received adequate care for her condition (Resident #1).</p> <p>Findings include:</p> <p>Hospital notes dated 3/5/09 indicated that Resident #1 had a Stage 1 decubitus ulcer on her right hip. A social services note revealed a representative from another group home indicated the resident was not appropriate for a group home setting, but was more appropriate for their Home for Individual Residential Care. The group home representative voiced concerns regarding admission to her facility because the resident's daughter did not want a hospital bed or a Hoyer lift for her mother. The group home representative felt the resident needed this equipment in order to provide appropriate care. A discharge summary dated 3/12/09 indicated, "The patient also has a decub for which she is seeing wound care." Case manager notes dated 3/16/09 indicated the resident's daughter had chosen the facility under investigation and a bed was available for the resident.</p> <p>The facility's Resident Transition Criteria/Move-In Criteria was reviewed. The criteria indicated residents must have intact skin integrity, ambulate independently or with minimal assistance and require minimal to moderate supervision or assistance with ADL's. The admission criteria also indicated the Wellness Director would set up an appointment to meet with the prospective resident to assess eligibility, either at his/her home, at the hospital, or at the facility.</p>	Y 620			

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Y 620	<p>Continued From page 3</p> <p>Resident #1 was admitted to the facility on 3/16/09 from a local hospital. The resident was 91 years old with diagnoses including debility, hypertension, tachycardia, pneumonia, hypothyroidism, depression, dementia, gastroesophageal reflux, anemia and decubitus pressure sore despite a policy indicating that a resident must have intact skin.</p> <p>Multiple caregivers were interviewed about Resident #1's pressure sore on her right hip. The description of the pressure sore varied amongst caregivers and three caregivers could not remember what the sore even looked like. Three caregivers described the pressure sore as a bubble or healing sore on her left hip. Two caregivers described the sore as a scabbed area on her right hip. One caregiver stated the sore opened up towards the end of the week and another caregiver reported that the scab got smaller and smaller. Most of the caregivers reported the sore got better.</p> <p>Interviews with caregivers also revealed Resident #1 was not ambulatory nor could she turn herself in bed without assistance. Caregivers reported they had to position the resident in bed because she could not move herself. One caregiver reported that staff had to place a soft collar on the resident's neck because she could not hold up her head. Three caregivers indicated the resident was turned at least every two hours and three additional caregivers indicated the resident was repositioned every 30 minutes. No documentation that caregivers re-positioned the resident in bed was located in the facility.</p> <p>The Wellness Director (Employee #1) reported she thought the resident had a pressure sore on</p>	Y 620			

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Y 620	<p>Continued From page 4</p> <p>admission to the facility and that it might have been a Stage I. She stated she did not personally perform the pre-admission assessment as the admission criteria required, but spoke with "a nurse" about the resident before the resident was admitted to the facility. The nurse she spoke to did not mention a pressure sore. The Wellness Director could not recall where or when she spoke to the nurse. After the resident was admitted, she discovered the resident had a pressure sore. Once the pressure sore was discovered, the director further reported she discussed Resident #1's pressure sore with the facility physician (Employee #3) and asked him to write an order for home health for wound care. The Wellness Director admitted she did not document any notes regarding the resident's pressure sore or the care of the resident's pressure sore in the resident's file. The Wellness Director also admitted she did not document the conversation with the physician regarding the need for home health care or wound care.</p> <p>A comprehensive Activities of Daily Living (ADLs) assessment, a physical and a cognitive assessment completed on 3/16/09 by Employee #1, indicated the resident "has some skin breakdown that needs to be monitored on a weekly basis." There was no other documented evidence in the resident record of any further monitoring of the pressure sore nor was there any documented evidence the facility caregivers provided any care for the resident's pressure sore.</p> <p>The Memory Care Coordinator (Employee 2) reported Resident #1 was admitted with a pressure ulcer. She stated the facility procedure for a resident with a pressure sore was to notify</p>	Y 620			

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Y 620	<p>Continued From page 5</p> <p>the physician and then call home health if the physician ordered. She further stated she informed a physician about the pressure ulcer per the facility policy, but there was no documentation of the request for home health care or wound care in the resident's file.</p> <p>The facility physician (Employee #3) identified Resident #1's pressure sore during a 3/17/09 physical examination, one day after admission. The physician was interviewed via telephone regarding the resident's pressure sore and his progress notes were reviewed. The progress notes revealed the following:</p> <ul style="list-style-type: none"> - 3/23/09: Physical exam; encourage po (oral) intake. - 3/25/09: Called by nurse for skin breakdown. No fever, NO c/o pain. Eating Ensure only. Assessment: Decubitus ulcer superficial Plan: Non adhesive bandage, try avoid pressure, Barrier Cream to buttocks. - 3/26/09: Meeting with daughter. Skin breakdown dressed and will re-evaluate tomorrow and discuss with nursing for potential Home Health, PT (physical therapy), wound care - 3/28/09: Called by son. Deteriorating function per daughter. Decreased po intake. L (left)greater trochanter 5 x 8 cm erythremia, R (right) greater trochanter 5 x 8 erythremia. Begin Keflex 500mg tid, Home Health, wound care. - 3/29/09: Sunday PM. Seen by daughter, debility, ? altered mental status, will transfer back to Southern Hills Hosp for evaluation. Discussed at length with daughter, nurse. <p>Resident #1 was admitted to a local hospital on 3/29/09. Photographic wound documentation indicated she had a Stage III left hip pressure</p>	Y 620		

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Y 620	<p>Continued From page 6</p> <p>ulcer measuring 6.5cm by 3cm, a Stage III right hip pressure ulcer measuring 0.75cm by 1.5cm and a Stage I sacrum pressure ulcer measuring 1cm by 1 cm. Adult Admission History dated 3/30/09 indicated resident had a low Blood Pressure of 62/30 upon arrival, diminished breathing, loose bloody stool and multiple bruises on the arms and skin tear on the left shoulder.</p> <p>The facility violated its admission criteria by admitting a bedfast resident (Resident #1) with a Stage I pressure ulcer. The facility failed to provide adequate care for her bedfast condition and failed to ensure the resident received appropriate wound care. As a result of the lack of care, the resident developed additional pressure sores and the existing pressure sore increased in size and severity.</p> <p>Severity: 4 Scope: 1</p>	Y 620			

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